\*

199 HOME ROAD 53039 Phone: (920) 386-3400 Ownershi p: JUNEAU County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 183 Yes Total Licensed Bed Capacity (12/31/01): 207 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 138 Average Daily Census: 150

\*

County: Dodge

CLEARVI EW SOUTH

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/01)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	23. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	46. 4
Supp. Home Care-Household Services		Developmental Disabilities	2. 9	Under 65	25.4	More Than 4 Years	30. 4
Day Services	No	Mental Illness (Org./Psy)	<b>26</b> . 1	65 - 74	18. 1		
Respite Care	No	Mental Illness (Other)	10. 9	75 - 84	22. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	28. 3	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	3. 6	95 & 0ver	5.8	Full-Time Equivaler	
Congregate Meals	Yes	Cancer	1.4	ĺ	j	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	16. 7	65 & 0ver	74. 6		
Transportati on	No	Cerebrovascul ar	13. 0	<sup>`</sup>		RNs	6. 7
Referral Service	No	Di abetes	4. 3	Sex	<b>%</b> [	LPNs	16. 4
Other Services	No	Respi ratory	5. 1		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	15. 9	Male	38. 4	Ai des, & Orderlies	59. 3
Mentally Ill	Yes			Femal e	61.6		
Provi de Day Programmi ng for			100.0		j		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		ledicare litle 18			ledicaid litle 19		(	0ther		•	Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	0f
Int. Skilled Care	1	33. 3	296	1	0. 8	124	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	2	1. 4
Skilled Care	2	66. 7	296	117	95. 9	105	0	0.0	0	13	100.0	160	0	0.0	0	0	0.0	0	132	95. 7
Intermedi ate				3	2. 5	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2. 2
Limited Care				1	0.8	74	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0. 7
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	3	100.0		122	100.0		0	0.0		13	100.0		0	0.0		0	0.0		138	100. 0

County: Dodge CLEARVIEW SOUTH

**********	******	*********	******	*****	******	********	******
Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services	s, and Activities as of 12	/31/01
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	9. 9	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		<b>58</b> . <b>0</b>	42. 0	138
Other Nursing Homes	16. 9	Dressi ng	8. 7		<b>59. 4</b>	31. 9	138
Acute Care Hospitals	<b>52</b> . 1	Transferring	21. 7		44. 2	34. 1	138
Psych. HospMR/DD Facilities	12. 7	Toilet Use	18. 8		42. 8	38. 4	138
Rehabilitation Hospitals	1.4	<b>Eating</b>	38. 4		50. 7	10. 9	138
Other Locations	7. 0	**************************************	*********	*****	******	*********	******
Total Number of Admissions	71	Conti nence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa		8. 7	Recei vi ng	Respiratory Care	10. 1
Private Home/No Home Health	9. 1	Occ/Freq. Incontinent	of Bladder	61.6	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	2. 3	Occ/Freq. Incontinent	of Bowel	43. 5	Recei vi ng	Suctioning	0. 7
Other Nursing Homes	14.8				Recei vi ng	Ostomy Care	8. 0
Acute Care Hospitals	12. 5	Mobility			Recei vi ng	Tube Feeding	2. 2
Psych. HospMR/DD Facilities	3.4	Physically Restrained		18. 8	Recei vi ng	Mechanically Altered Diets	s 41.3
Rehabilitation Hospitals	0.0				_	-	
Other Locations	10. 2	Skin Care			Other Reside	ent Characteristics	
Deaths	47.7	With Pressure Sores		7. 2	Have Advan	ce Directives	71. 0
Total Number of Discharges		With Rashes		8.0	Medi cati ons		
(Including Deaths)	88	ĺ			Recei vi ng	Psychoactive Drugs	64. 5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Ownershi p:		Bed	Si ze:	Li c	ensure:			
	This Government		ernment	2	00+	Ski	lled	Al I	l	
	Facility	Peer Group		Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o	
Occupancy Rate: Average Daily Census/Licensed Beds	71. 8	84. 8	0. 85	87. 6	0. 82	85. 8	0. 84	84. 6	0. 85	
Current Residents from In-County	84. 1	58. 7	1. 43	48. 5	1. 73	69. 4	1. 21	77. 0	1. 09	
Admissions from In-County, Still Residing	39. 4	27. 8	1. 42	24. 3	1. 63	23. 1	1. 70	20. 8	1. 90	
Admi ssi ons/Average Daily Census	47. 3	58. 7	0. 81	57. 7	0. 82	105. 6	0. 45	128. 9	0. 37	
Discharges/Average Daily Census	<b>58</b> . 7	61.8	0. 95	59. 8	0. 98	105. 9	0. 55	130. 0	0. 45	
Discharges To Private Residence/Average Daily Census	6. 7	18. 7	0. 36	18. 7	0. 36	38. 5	0. 17	<b>52.</b> 8	0. 13	
Residents Receiving Skilled Care	97. 1	84. 8	1. 15	82. 7	1. 17	89. 9	1. 08	85. 3	1. 14	
Residents Aged 65 and Older	74. 6	87. 6	0. 85	89. 9	0. 83	93. 3	0.80	87. 5	0. 85	
Title 19 (Medicaid) Funded Residents	88. 4	79.8	1. 11	79. 2	1. 12	69. 9	1. 26	68. 7	1. 29	
Private Pay Funded Residents	9. 4	16. 3	0. 58	16. 5	0. 57	22. 2	0.42	22. 0	0. 43	
Developmentally Disabled Residents	2. 9	0.8	3.64	0. 5	5. 28	0.8	3.86	7. 6	0. 38	
Mentally Ill Residents	37. 0	<b>50.</b> 0	0. 74	39. 8	0. 93	38. 5	0. 96	33. 8	1. 09	
General Medical Service Residents	15. 9	17.8	0.89	21. 5	0. 74	21. 2	0.75	19. 4	0. 82	
Impaired ADL (Mean)	57. 1	43.4	1. 31	40. 7	1.40	46. 4	1. 23	49. 3	1. 16	
Psychological Problems	64. 5	61.6	1.05	<b>58.</b> 0	1. 11	52. 6	1. 23	51. 9	1. 24	
Nursing Care Required (Mean)	9. 7	8. 4	1. 15	8. 5	1. 14	7.4	1. 30	7. 3	1. 32	